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ABSTRACT

The handbook focuses on the methods and techniques used in the Child Advocacy Project (Philadelphia), a community development project for child advocacy in five areas--education, youth activities, health and welfare, legal rights, and handicapped and mentally retarded children. Brief sections cover the following areas (sample topics are in parentheses): introduction (goals of the Child Advocacy Project and the community development approach); organizing a community council (extensive community preparation for participation, continuous training for council members, and council member activities); training lay advocates (guidelines for visitations of juvenile institutions); community education (community workshops, community health fairs, and community education materials); liason with other groups (membership on city, state, and other boards); examples of intervention procedures in eight cases; and case studies in coordinated techniques of advocacy. Noted among the program's accomplishments are the operation of 48 alternate learning centers, establishment of a preschool center for the early discovery and treatment of children with learning disabilities, and identification and inclusion of handicapped and mentally retarded children in the regular educational system. (SBH)

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# WHO SPEAKS FOR CHILDREN?
# CHILD ADVOCACY IN PHILADELPHIA
## A Community Development Approach
## 1971 to 1976

**Produced by**

**The Child Advocacy Project**
**Philadelphia Urban League**
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# I. INTRODUCTION

WHO SPEAKS FOR CHILDREN? Who speaks for them in the schools, in the courts, in the community? Other groups develop spokesmen to represent their rights. Children do not have that option. They must look to adults to represent their legal and human rights. Our children need ADVOCATES FOR THEIR FUTURES.

How can we become CHILD ADVOCATES? That was the question asked by an experimental group formed in Philadelphia in 1971. The resulting program, the CHILD ADVOCACY PROJECT of the Philadelphia Urban League, was funded by the U.S. Department of Health, Education and Welfare to be one of several demonstration programs in the nation, seeking to develop programs to help children, to experiment with methods and techniques, and to serve as models for other individuals and groups concerned with children's rights.

During the past four years, from 1972 to 1975, the Child Advocacy Project of the Philadelphia Urban League explored ways of developing Child Advocates and Child Advocacy Programs in five substantive areas: Education, Youth Activities, Health and Welfare, Legal Rights, and Handicapped and Mentally Retarded Children.

The Project focused on a specific target area in the northern section of West Philadelphia. The area, made up of 163,000 people, primarily black and working class, contained a number of active community organizations with a history of helping to stabilize the neighborhoods. Most of the area residents were plagued with the problems which afflict inner city poor populations: not enough money, inadequate city services, an educational system failing their youth, persistent crime, youth violence, gang war and other serious problems.

## A. THE GOALS OF THE CHILD ADVOCACY PROJECT

One of the early tasks of the Child Advocacy Project was to define its goals and objectives. Five major goals evolved, around which the programs have clustered:

1. To serve as an Action/Training vehicle for the community in efforts to expand the concept of comprehensive child development and family service.
2. To help families maximize their abilities to obtain those services they felt necessary for their children, and for the satisfaction of their immediate concerns and the attainment of their future well being.
3. To develop new and exciting alternatives for serving youth which will challenge power systems to be more humane and responsive to the problems of children and youth.
4. To sensitize youth-serving agencies about the primary responsibility of meeting the needs of "the whole child" as defined by parents and youth in the target area.
5. To provide increased and up-graded services and immediate protection for youth, especially youth in low income, inner city areas.

These goals were achieved through conferences, community meetings, and direct intervention by parents and youth, through legal action, and by gathering and providing information to the community so that they could make a determination about the nature of the problem and develop strategies for their solution. While defining the goals was not simple, it was an easy task compared to the job of putting these principles into action, and making a difference to the children and youth of West Philadelphia.

## B. THE COMMUNITY DEVELOPMENT APPROACH

The concept which tied together the goals, objectives and activities of the Child Advocacy Project was *Community Development*. In the Community Development Model, ultimate success is judged by the extent to which members of the community grow to accept and carry out the Child Advocate's role as individuals, through community organizations, and through responsiveness to city, state or national groups seeking to help children. The Child Advocacy Project began by involving the community through the establishment of a Child Advocacy Council composed of residents of the target area. Together, the staff and the Council explored ways to stimulate the community to act on its own.

Whatever else happened, the Project worked to use its time and energies to change the attitudes and activity patterns of the people in the target area (and outside to some extent). The Child Advocacy Project staff saw themselves not only as a project group devoted to confronting problems affecting the community, but also as a catalyst for change.

This Community Action Handbook on Child Advocacy was developed to make it easier for other individuals or groups to take on the task of Child Advocacy, either by understanding better some of the methods or techniques utilized by the Child Advocacy Project, or by gaining some insight into the programs in this action area which make a difference in upgrading and protecting children's legal and human rights.

## C. HOW TO USE THIS HANDBOOK

- Scope

This handbook is concerned primarily with the methods and techniques the Child Advocacy Project found most successful in promoting a community development approach to Child Advocacy. It does not attempt to review the history of the project in any systematic fashion.

- Organization

The first section concerns the major methods used:

- Organizing a Community Council
- Training Lay Advocates
- Community Education
- Liaison with Related Groups
- Intervening in Individual Cases

The discussion of each of these major methods follows this sequence:

- First, a description of the way the project developed methods of operation;
- Second, some advice on how that method can be most successful, which is a distillation of what we learned in the process.

The second major section contains several actual case studies which illustrate the way the various methods and techniques can be used together effectively.

The sections can be read in sequence, or they can be read selectively. The discussions do not depend on each other.

We hope, of course, that the entire handbook will be helpful in developing or carrying out activities to help Save The Children.

## II. ORGANIZING A COMMUNITY COUNCIL

### A. METHODS

- Extensive community preparation for participation
- Representation on the Community Council
- Continuous training for Council members

#### 1. Extensive Community Preparation for Participation

Although there has been a good deal of emphasis in recent years on community participation and control of local activities, particularly those with federal funding, there is an underlying assumption that all that is necessary is to announce the existence of a program, group, or project, and community people will rush to participate. If they do not participate, the unspoken assumption is that they do not care.

The Child Advocacy Project began its community activities with a different set of assumptions: that most people lead busy lives and are occupied with activities important to them. If a program wishes to engage these active and involved people in a new project, it must itself devote some time to informing the community about its goals, its proposed activities, and other information which would lead some of them to conclude that this new activity is worthy of their time and attention.

Accordingly, coffee klatches were held in homes throughout the target area to discuss with the community the problems of protecting children's rights and what role the Child Advocacy Project and the community together could play to ensure that these rights are not violated.

Throughout the target area, mass meetings were held in churches and community centers to discuss the problems confronting children and to further explore the attitudes and feelings about children's rights and to encourage their involvement in organizing a Child Advocacy Council.

#### 2. Representation on the Community Council

Additional meetings were conducted by an ad-hoc steering committee to discuss the kind of community representation that should compose a council. Out of these meetings came the following recommendations for By-Laws:

- There should be a twenty-five member Council, three persons from each of five sub-divisions in the target area.
- There shall be fifteen adult members and ten student representatives of the four high schools serving the target area.
- The fifteen adults shall be elected and the ten students shall be chosen from the student council in each high school.
- The adult representation shall be parents or persons who work or live in the area.
- There shall be agency representation on committees.

Nominations were taken from organizations and individuals living in the target area. Finally, but only after this information campaign, the Child Advocacy Project sponsored local elections for community representation on the Council, and the Council was seated on December 15, 1971.

3. Continuous Training for Council Members

Numerous strategies were used as training devices, including workshops, conferences, meetings, and actual intervention by Council and committee members to provide expanded services to children and youth. The Urban League itself held training sessions for the staff; and in 1972, a consulting group was engaged to provide training sessions for the Community Council. In 1973, the project organized a weekend retreat at a University Conference Center where Countil members had an opportunity to review past activities and plan for the future.

In 1974, a series of training sessions were organized which focused on the improvement of planning skills for advisory boards. In cooperation with the Assistant Chief of a University Regional Medical Program, the Council received training in areas such as the role and function of boards, finance and fund raising, administration and fiscal policy, incorporation procedures, lobbying procedures, communication and group problem-solving.

B. RESULTS: Council Member Activities

As a result of the constant training over three years, individual Council members became actively involved in other areas of community participation, which is a clear indication that the community development process was effective. The chairman of the Health and Welfare Committee, a teacher, campaigned as a candidate for a position on the Regional Comprehensive Health Planning Council and was elected to represent the West Philadelphia District of the Philadelphia County Planning Committee. She also served as the president of a Community Betterment League.

The Chairman of the Legal Rights Committee, a government worker, went into action when juvenile gang violence erupted, resulting in the deaths of two youths and the shooting of another. The Chairman, also a member of the Executive Committee of a local residents association, prevented a continuation of this gang violence by getting the two gangs to agree to a peace treaty over breakfast in her home.

"In a way," she stated in a subsequent news article, "this community has been strengthened by the recent trouble. We've discovered that whatever we were doing wasn't enough. But we're not going to throw up our hands. We're not going to believe that we can't find a solution. We're going to push harder. These young people causing problems are too important to us to walk away from. They represent the future." The Legal Rights Chairman was subsequently elected president of the residents association and is continuing to aid our youngsters and help the whole community in the process.

A relative newcomer to the Child Advocacy Council, a bookkeeper, became deeply concerned about the lack of positive and constructive recreational and educational activities for children and youth after school hours and during summer vacation periods. As a result, she spearheaded the successful effort to reorganize a local civic association and became its president.

Under her dynamic leadership, and utilizing the resources of the Child Advocacy Project, a number of activities were organized which involved children and youth in the immediate community. During the summer, a tutoring program was established which provided classes in reading and mathematics for children from pre-school age up to and including fifth grade students. High school students were recruited as teachers, and classes were held in homes within the community. All the materials used were supplied by the Philadelphia School District. The program was so effective that the Board of Education presented award citations to all of the individuals who participated.

Members of the Child Advocacy Council discuss issues, concerns, and strategy.

When someone gives the time, others will give attention. They want to learn.

One Council President received an unexpected promotion on her job when her superiors reviewed her community activities. As a result, she was appointed to a new position, with a raise in pay, dealing with all young people at her place of employment. Her experience reflects the personal rewards which can be obtained as a result of community involvement.

Although HEW ended its funding commitment to the Child Advocacy Project as of June 30, 1976, the Child Advocacy Council, determined to continue its efforts on behalf of children and youth, sought to become incorporated and to seek alternate funding to continue the Project's activities.

## III. TRAINING LAY ADVOCATES

### A. METHODS

- Forming committees around program areas
- Developing training sessions on procedures and on existing services
- Organizing site visits to institutions, to schools, to child care facilities and other appropriate places
- Encouraging lay advocates to accompany staff people on case problems
- Encouraging initiative by lay advocates

#### 1. What the Child Advocacy Project Did

The Child Advocacy Project Lay Advocate Training Program rested on the belief that a network of individuals throughout the community, properly trained to take appropriate action, was a prerequisite for a community development program of Child Advocacy.

Child Advocacy Project staff also believed that individuals were often reluctant to intervene in individual problems because they themselves did not know how to act constructively; that individuals would be more likely to move ahead on their own if they had some first-hand experience with the network of agencies and organizations relevant to problem solutions; and that they would be more likely to move ahead if they had group support during their learning process.

The Child Advocacy Project, therefore, developed a many-pronged lay advocate program, built around the formation of separate committees for each program area. The committees were composed not only of Council members, but also of others from the community with interests and concerns in that problem area. In addition, the committees often included resource people from agencies (both private and public) and professionals active in the problem areas.

Each committee person was trained to act as a lay advocate for his or her immediate community. The lay advocate program was carried out in the following way:

- The committees met once a month with the community organizer for the program area.
- Community concerns and issues were brought to the meetings by each committee member for action by the group.
- The community organizer researched whatever information was necessary to deal with the issues and reported back to the committee for group decisions on action to be taken.

- Individual committee members distributed information throughout the community when the issue called for general community support or education.
- Part of the program included distribution of flyers throughout the community identifying the committee members, their addresses and phone numbers, so that people in the community would know who to call for help or advice.
- The committee members helped set up community meetings or public hearings by contacting individuals, and by distributing flyers to those participating in the meetings.
- The committee members attended workshops and meetings of various youth service agencies to study the operations of the system, to get to know people in the agencies, and to communicate their views.
- The committee members recruited other lay advocates.
- Site visits were an important part of the lay advocate training. Through these visits, the lay advocates built up an understanding of their right to inspect and evaluate. They learned first hand about the facility and met people involved in the system.
- If the issue called for intervention to help an individual, the community organizer discussed alternative action plans with the committee. Then, after deciding on the course of action, the committee member, or the community organizer together with the committee member, would follow the case through.

2. Some Program Area Examples

**Legal Rights:**

— Early in the program, the members of the Legal Rights Committee attended an eight-week workshop series on procedures in the courts and in the juvenile justice system. They became acquainted with the arrest process, rights of the juvenile, and alternatives available for custody and sentencing. Speakers from youth service agencies were invited to the meetings to talk about specific areas of the system. When a case arose in the community in which a young person was arrested and the family turned to the Child Advocacy Project for help, the community organizer called in one of the Legal Rights Committee members to work side by side on the case. Thus, gradually, the committee members grew accustomed to the actual kinds of assistance they could render. They called in the Community Legal Services representative together with the community organizer. The next time, they felt no hesitancy about calling on their own. Once they accompanied the community organizer and the parent to court, they felt less hesitant about accompanying the parent alone at another time.

**Education:**

— Every year the Philadelphia School Board holds a public meeting to explain its proposed budget to interested citizens. The Education Component Community Organizer attended the meeting and gathered materials. He then held a special training meeting in the community on the proposed school board budget and explained the process of public hearings to be held. The group discussed the priorities implied by the budget and decided on their preferences for changes. Invidivuals were encouraged to testify before the City Council.

**Handicapped Children:**

— One of the problems felt by parents of handicapped children is the sense of isolation. The Child Advocacy Project Community Organizer, with a committee, helped establish a Parent Network, composed of parents of handicapped and

mentally retarded children. This Network meets frequently to provide support and exchange information. Meeting together, the parents can exchange information and ideas on how to help their children develop to their fullest capacity. They also plan programs for general or specific educational purposes. Among the projects undertaken by the Network was a symposium, preceded by a series of community workshops. The symposium was directed toward the feeling shared by many parents of handicapped and mentally retarded children that many doctors and nurses with whom their children came in contact did not really understand their problems. With both parents and professionals attending the symposium, new lines of communication were established and strengthened. For example, psychiatrists, psychologists and mental health professionals met regularly with the group thereafter.

**Health and Welfare:**

- One of the concerns of the youth in the high schools serving the target area was the lack of sickle cell anemia education in their schools. After meeting with school officials, youth representatives serving on the Health and Welfare Committee conducted a survey of the more than 10,000 students in the four target area high schools to determine what students knew and didn't know about sickle cell anemia. The survey indicated that students wanted this subject included in their curriculum. Several meetings with school officials resulted in the inclusion of the study of sickle cell anemia in health related classes, and optional genetic counseling was offered to those having the trait.

## B. A PROGRAM FOR TRAINING LAY ADVOCATES IS MORE LIKELY TO BE SUCCESSFUL IF YOU . . . .

**In Recruiting:**

- Recruit community people by word of mouth and by flyers distributed locally where people normally congregate (examples: supermarkets, laundromats, etc.);
- Encourage individuals to become the community organizer/lay advocate for their immediate areas.

**In Organizing Training Meetings:**

- Set up a meeting place and time that is convenient and familiar to those concerned;
- Research information relevant to the concerns of the group for distribution at the meetings and for dissemination within the community;
- Invite specialists or professionals to speak about the group's concerns;
- Secure the use of audio-visual equipment for educational purposes;
- Provide and create an atmosphere open enough for input, questions, answers and discussion;
- Provide questionnaires for evaluation of workshops for follow-up and for perfecting materials.

**As Part of the Training Program:**

- Organize visits to institutions, schools, child care facilities and other relevant places to monitor the facility and to educate the advocates;

- Have lay advocates work along with the community organizers to become familiar with the total operations of the system, to make contacts with people in the system, and to gain confidence about moving ahead on their own;
- Have lay advocates attend meetings of various child service agencies throughout the city to become familiar with those agencies and to provide community input;
- Encourage lay advocates to become members of boards dealing with problems of children.

## C. GUIDELINES FOR VISITATIONS OF JUVENILE INSTITUTIONS: NATIONAL COUNCIL ON CRIME AND DELINQUENCY, NEW YORK, NEW YORK

Visiting institutions as a group of citizens concerned about the care of their children is one way that communities can impact on governmental agencies serving youth. The visits are for community education, for communicating views to the agencies, and for establishing relationships between agency personnel and the community.

Site visits are more effective if the visiting group prepares by developing a checklist. Following is a checklist for site visits to juvenile institutions. Other checklists can follow the same major areas: 1. *Objectives*; 2. *Relationships*; 3. *Facilities*; 4. *Admission Procedure*; 5. *Physical Care*; 6. *Program*; 7. *Staff.*

### 1. Objectives

What level of awareness does the institution have about the knowledge of adolescent behavior?

a. Does the institution have clearly stated objectives in writing which are used for program development?

b. Are the administration and staff able to state the objectives clearly, thus having a clear standard for their practice?

c. Is staff periodically oriented to organizational objectives so that these objectives are constantly before them? Are discussions and interviews held between staff and children? The visiting committee should be interested in how often the discussions are held. Who is present at these discussions? What takes place at these discussions, etc.?

### 2. Climate of Institution as Related to Child-Staff, Staff-Administration

a. The atmosphere of the institution should be one of flexibility (formal to informal).

b. Relationships are based on mutual respect, irrespective of race, creed or national origin. Control is maintained without harsh measures.

c. The social climate should produce positive individual and group attitudes which bring the children together. The visiting committee will want to know how this is done.

3. **Facilities**

   a. Do the buildings have a warm atmosphere — one which is as home-like as possible? Are the buildings secure, yet do not have jail-like features?

   b. Are children permitted individual rooms with windows without bars and locked doors?

   c. Is there living area of 100 square feet per child, not including dining and school area? Is there outdoor play area of 200 square feet or more? Is there indoor play area available?

   d. Is there office space available in the event that private conferences are necessary? Is there good visual control? If not, what mechanism has been set up to offer some control?

   e. If the supervisor's office and children's quarters are not housed together, is there a direct means of communication between them?

   f. Is the furniture and equipment strong and durable? Are the fixtures durably placed? Has the construction of the building taken into consideration the size of those being housed in the building? Is there space for hiding such as lowered ceilings? Have fire regulations been set up, and are they periodically reviewed by the children and staff?

   g. Are rooms for staff interviews, for parents' visitations, for medical examinations, and for first aid available? Are there physical education facilities which can be used outside the regular class activities?

   h. Does the institution have a quiet room? Have direct programs been set up for quiet room use by children?

   i. Does the institution have separate toilet facilities for girls and boys in all areas within the total complex? Are there separate toilet facilities for staff? Is there adequate janitorial service? Is there adequate janitorial and other storage closets?

4. **Admission Procedure**

   a. What are the criteria for acceptance or controlling intake? Are there written procedures for such control? Are there periodic meetings with other institutions or agencies who have referred the child or have contact with the child?

   b. What is the average length of stay? Some facilities are equipped to handle short-term, others long-term. The intake criteria must reflect the facility's purpose and capability and not allow acceptance of children because of lack of other facilities, delays in transfers, or pending other indefinite arrangements.

   c. What is the rate of stay for child care, juvenile detention, and training schools? There should be a certain percentage of the children who are maintained over a certain period of time. If the actual percentage is over the limit, a study of the situation is needed.

5. **Physical Care**

   a. Is there ample food which is well balanced, attractively served (and prepared to meet cultural taste)? Does the staff eat with the children? Are there snacks before bed? How long between supper and breakfast the next day?

   b. Is clothing appropriate for children? Does it allow for variation in color, styling and personal preference while still practical?

   c. Is the child's own clothing laundered and cared for between visits or release? Are his possessions kept safely and does the child know where they are?

   d. Does each wing, unit, etc., have entertainment for the children such as television, record player, radio, magazines and games?

   e. Are the children encouraged to decorate their rooms as they choose?

   f. Is there ample opportunity for vigorous exercise as well as periods of quiet?

   g. Is the bed hour appropriate for each age group, or is this flexible for staff needs?

6. **Program**

   a. What type of educational program is available? Public or other? If other, explain. Are there constructive school and recreation activities, varied according to the differing needs and abilities of the children?

      — What programs are offered in arts, crafts, music, sports, dancing and games?

      — What use is made of group discussions, if any?

      — Is work required? What purpose does it serve? Is it made a constructive part of the program?

      — Is there a religious program for children of all faiths, and to what extent is it realistic to them?

      — Do the children get a copy of daily and weekly schedules or other material describing program activities?

   b. Is individual and/or group guidance provided? Who determines whether a child needs psychiatric evaluation, study and treatment based on behavior?

   c. How is a child oriented to the institutional experience on admission? How often does the child have contact with a member of the professional staff for assistance with problems?

   d. What procedure is used when a child's behavior disrupts the group? Is corporal punishment used? Is there a quiet room or isolation? How long does isolation last? What program has been set up for isolation? How frequently is the child seen and interviewed thereafter? By whom? What methods of discipline are most effective, and why?

   e. What methods of treatment are most useful? What method of treatment is most often used? What method of treatment is offered? Are medical arrangements made with outside hospitals, clinics? How frequently are medical examinations given? How often are children given psychological examinations? Do children

receive immunizations? What is the procedure for sick call? What is the procedure for new admission and those previously within the institution? What is the average caseload? Time spent with each case? Are there special provisions for acute care needs?

f. How often are parents allowed to visit? Is a record kept of visitors? Where do the parents' visits take place? Is there reasonable privacy? How long are visits? How is parent visiting supervised? Is there an active program for children who have no visitors? Is incoming and outgoing mail censored?

7. Staff

a. What is the administrator's (superintendent) educational background? His or her experience and other qualifications? Is he trained as a social worker in either casework or group work? Has he sufficient staff to free himself for administration, staff supervision, court and community relationships without having to take responsibility for staff activities which could otherwise be delegated?

b. Is there sufficient staff coverage for supervision around the clock?

c. Is the staff selected for personal qualifications to handle specific classifications of children for at least eight hours daily? Note staff manner with individual or group: is it arbitrary, threatening, punitive, or is it authoritative, firm, yet understanding? Look for a sense of humor, imagination, resourcefulness, ability to anticipate problem behavior and redirect it.

d. Is there a qualified nurse on duty around the clock? Is there a physician making daily visits and on call in emergencies? Is there a psychiatrist available to offer full-time or consultation service?

e. Is there a casework service available to work with individual children, and to help plan programs for the child along with coordinating contact for the child with medical, psychological, educational, and probation services, parent, etc.? Are group work services available for children?

f. Are salaries sufficient to attract and hold qualified personnel?

g. Are the working hours comparable to those of industry or other agencies? Is compensation time or payment given for extra hours on duty? Do resident personnel have reasonable working hours?

h. Are at least ten national holidays provided for, with pay, along with sick leave, and other benefits in accordance with other institutions (business agencies)?

i. Are regular staff meetings held, and in-service training provided?

j. Are part-time personnel or volunteers well oriented and supervised or offered in-service training?

k. Are there periodic evaluations of work performance for each person?

l. Are all personnel selected on merit basis?

# IV. COMMUNITY EDUCATION

## A. METHODS

- Workshops in the community
- Major conferences
- Special events, health fairs

### 1. Workshops in the Community: What the Child Advocacy Project Did

Each of the program components developed and organized many small group workshops held in churches, housing projects, schools and community centers. The workshops were led by a Child Advocacy Project staff person, and a member of the Child Advocacy Council, sometimes also using outside resource persons.

Publicized through leaflets distributed throughout the community and in local community newspapers, the workshops attracted twenty or thirty participants each. Over the course of a year, each program component held three or four different workshops.

Some workshops conducted by the Child Advocacy Project were:

**Education**

- Financial Assistance for Higher Education
- Role of the School Counselor
- Discipline in the Schools — Parents' role
- Effectiveness of Reading Programs
- Evaluation of Federal Programs

**Youth Activities and Recreation**

- Voter Education
- Student Rights and Responsibilities
- Developing Summer Employment for Youth
- Peer Group Counseling

**Children's Health and Welfare Rights**

- Drug Abuse
- Sickle Cell Anemia
- Parent-Youth Relationships
- Sex Education
  - Venereal Disease Control
  - Teenage Pregnancy

**Children's Legal Rights**

- Procedures for Dealing with Police Responses
- Rights of Children Born Out of Wedlock
- Arrest Procedures
- Court Process
- Juvenile Institutions

**Handicapped and Mentally Retarded Children**

- Right to Education Mandate
- Infant Stimulation Programs
- Vocational Training
- Group Home Concept

### 2. Major Conferences: What the Child Advocacy Project Did

Once a year, the Child Advocacy Project held a major conference, called "The Annual Spring Conference."

The format each year was the same: There was a major theme, and each of the program components developed a workshop on a subtopic related to the theme.

Panel participants were recruited for each workshop from professional workers in the field, political representatives from the area, city or state agency representatives, or others actively involved in the problem.

Each Conference was held on a weekday afternoon and lasted four hours. Publicized by invitations mailed to people involved in the field and to those who had been involved with the Child Advocacy Project, the Conferences were attended by several hundred people.

Conference themes were:

1972 — A Report to the Community

1973 — Legislation 72-73, What Happens in 74?

1974 — The Exceptional Child and Youth: His Health and Welfare

1975 — Child Advocacy 75-76: Where Do We Go From Here?

1976 — Who Speaks for Children? The Need for Advocates.

A major conference differs from a workshop in the following respects:

- The planning is more elaborate and takes more advance planning time.
- The publicity is more widespread and more professionally produced.
- The audience is not limited to community people but includes people from a wider geographic area, and includes more professional people.
- The panel participants are part of the attraction, whereas in the community workshop, the topic is more the drawing card, with an outside resource person not absolutely essential. Panel participants should be people involved currently with the problem.

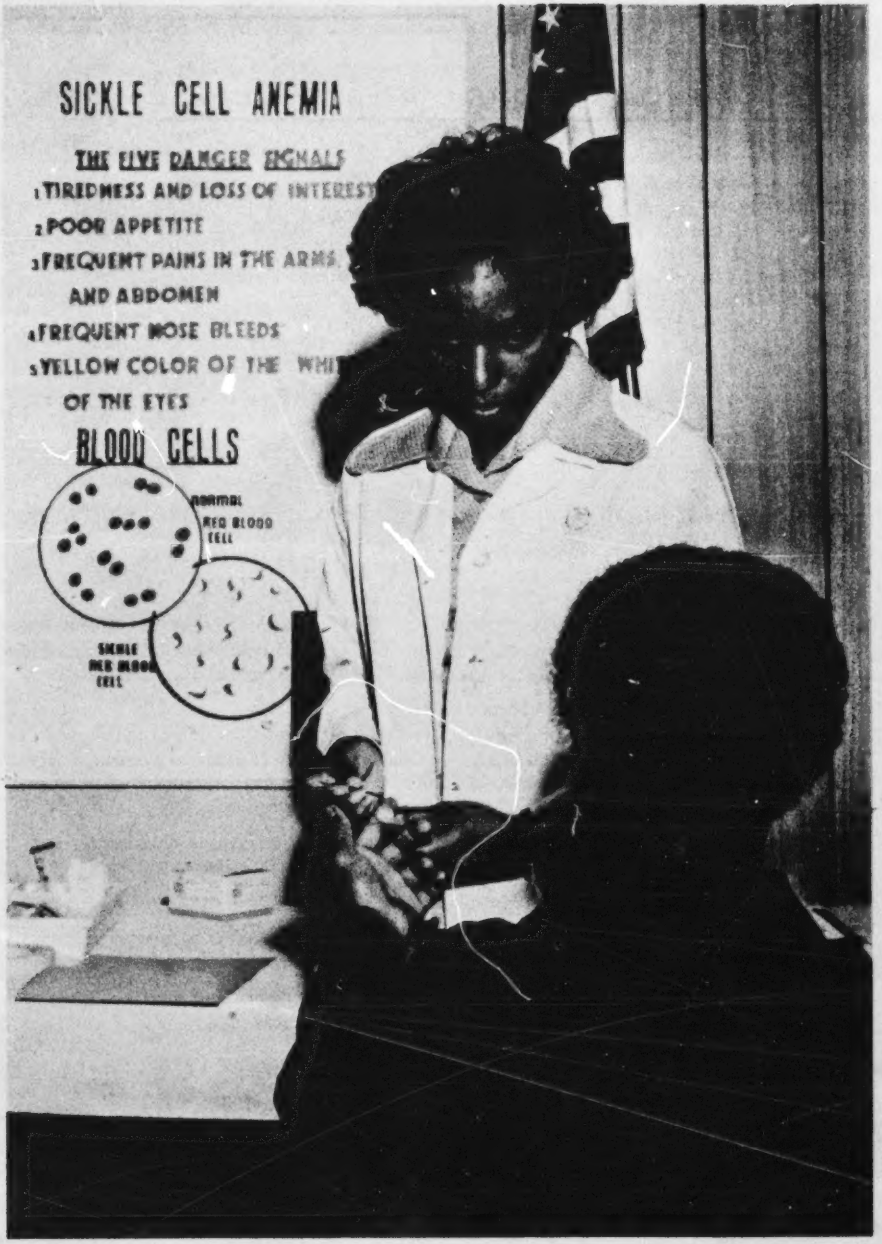
3. Special Events: A Health Fair — What the Child Advocacy Project Did

The Child Advocacy Project conceived the notion of a Family Health Fair following a series of discussions with local agencies about health delivery in the community. Staff and Council members had talked with social service agencies, churches with social concern committees, and other similar organizations which had been functioning in the community. These talks disclosed that 65 percent of the local population had not seen a doctor or had any kind of health check-up in more than two years. Often, this was because many people could not afford the carfare to get to facilities that provided free testing and free checkups, or they didn't take the time from normal activities.

The Health Committee of the Child Advocacy Project discussed these findings. The Committee decided that if the people could not afford to get to the health services, or couldn't take the time from other activities, we would bring the health services to the people. Thus was conceived the idea of a Family Health Fair.

In 1974 and 1975 the Child Advocacy Project sponsored Family Health Fairs, held along the sidewalks of one of the major thoroughfares in the community. The Health Fairs were cosponsored by a local medical center in the selected block. The Fair was held for several days, from 10:00 a.m. to 4:00 p.m., with a variety of booths set up for free health services, education and information.

Although the focus was on health care for children and youth, services were provided to all.




Health fairs serve as learning experiences as well as providing health care.

The Fairs were publicized by posters put up around the community; by fliers distributed through organizations, at supermarkets, laundermats, and movie theaters; and by notices in the local papers.

Some free services that were provided in the open-air booths and in the Medical Center were:

- dental and eye examinations
- hearing and speech tests
- tuberculosis testing
- sickle cell anemia testing
- immunization shots for children accompanied by their parents
- lead paint screening for children under six years of age
- diabetes tests
- height and weight consultations
- information on family planning

There were also materials available on voter education, health careers, first aid, the job market, student rights, and suggested procedures for contact with the law. Films on venereal disease, cancer, and nutrition were shown in the Police Athletic League Center on the block every hour.

## B. COMMUNITY WORKSHOPS OR CONFERENCES ARE MORE LIKELY TO BE SUCCESSFUL IF YOU . . . .

### In Planning

- Allow sufficient time for proper planning. For an eight-week series of community workshops on the juvenile justice system, the staff coordinator began planning for the first workshops six weeks ahead of time. For a single workshop, at least four to six weeks will be helpful;
- Develop the workshop topic out of current community concerns and involve community people in the planning. The Child Advocacy Project components each had a committee of community people involved on an ongoing basis. These committees were helpful in selecting topics of current concern;
- Choose a convenient local meeting place such as a church, school, housing project, or youth center, and hold the meeting in the evening;
- Develop the workshop agenda together with the community;
- Select an outside resource person, if you and the group feel it is necessary, from among people who can relate to the problems of the community;
- Make sure the fliers announcing the workshop get wide distribution. Try to anticipate questions and have materials available with answers.

### In Carrying out the Workshop

- Avoid using jargon or technical terms in the workshop materials;
- Remain sensitive to topics on youth concerns where it may be better to separate the parents from their children; and those where it is better to have the two groups together in the workshop to improve mutual understanding. If it is better to separate the two groups, have some organized workshop or other activity ready for parents who show up at the youth workshop;

- Do not try to force the participants to follow your agenda if their interests clearly lie in another direction. Give the participants a chance to define the workshop objectives for themselves.
- Remain sensitive to, and aware of, flagging interests. Do not let the workshop drag on just to "complete the agenda."

**In Evaluating the Workshop**

- Distribute a follow-up written report on the workshop to all participants. Ask for comments, criticisms, and suggestions for other workshops as part of the report.
- Meet with your planning committee to review what happened at the workshop;
- Keep records on numbers of attendees so you have a record of the kinds of topics in which there was most community interest.

## C. A HEALTH FAIR IS MORE LIKELY TO BE SUCCESSFUL IF YOU . . . .

- Spend time planning objectives and methods;
- Take the Fair to the people, to the community;
- Obtain the support, cooperation and participation of the local merchants in the fair's proposed location;
- Solicit the participation and support of health providers in the community;
- Hold it at a location easily accessible to public transportation;
- Have an alternative indoor site in case of inclement weather;
- Advertise widely in area laundermats, supermarkets, churches, newspapers;
- Provide for the entertainment of the children, such as a "Mr. Health Clown," colorful balloons, "Big Bird," pony rides, and other forms of entertainment;
- Provide free testing programs for diseases;
- Be prepared with follow-up procedures for those who show positive reactions to the tests;
- Be prepared with follow-up materials on community health care resources for all who participated;
- Document attendance.

## D. COMMUNITY EDUCATION MATERIALS

Following are some examples of special materials distributed throughout the community as part of the educational efforts of the Child Advocacy Project.

## IMPORTANT NOTICE TO PHILADELPHIA PUBLIC SCHOOL STUDENTS IF YOU ARE SUSPENDED -----

You have the right

- to a hearing before the student disciplinary committee within five days of the suspension;
- to have a lawyer or any adult of your choice at the hearing;
- to bring witnesses to the hearing;
- to question the witnesses against you;
- to remain silent.

If you are not given a hearing within five days of your suspension, you can come back to school on the sixth day.

- you do not need the Principal's permission;
- you do not need to bring your parents with you.

YOU CANNOT BE SUSPENDED FOR MORE THAN FIVE DAYS WITHOUT A HEARING. ONLY A COMMITTEE OF THE SCHOOL BOARD CAN SUSPEND YOU FOR MORE THAN TEN DAYS.

This is the law. Know your rights. Talk to your school ombudsman or call —

American Civil Liberties Union, PE-5-7103

Fellowship Commission, KI-6-7600

Issued as a public service by:
The American Civil Liberties
Foundation of Pa., Inc.
260 South 15th Street
Philadelphia, Pa. 19102

Distributed by:
Youth Action Council of the
Philadelphia Urban League
Child Advocacy Project
Student Activities Center
644 North 52nd Street
Philadelphia, Pa. 19131

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PHILADELPHIA URBAN LEAGUE
CHILD ADVOCACY PROJECT
4089 Lancaster Avenue
PHILADELPHIA, PENNSYLVANIA 19104
EV 7-2801

## HEALTH WORKSHOPS
### Suggested Topics

**Children with Adjustment Problems**
Monday, March 20, 1972 — 7:00 p.m.
Martin Luther King Center
41st and Lancaster Avenue

**Drug Abuse Education: Can you Afford that Trip and Will you be Back?**
Tuesday, March 21, 1972 — 7:00 p.m.
Black Political Forum
151 North 52nd Street

**What is Sickle Cell Anemia?**
Wednesday, March 22, 1972, — 7:00 p.m.
Third Christian Church
61st and Oxford Streets

**Young People, What Do You Want To Know About Health?**
Thursday, March 23, 1972 — 7:00 p.m.
Haddington Leadership Office
5502 Haverford Avenue

**Lead Poisoning**
Monday, March 27, 1972 — 7:00 p.m.
Day Care Project Office
4089 Lancaster Avenue

**Sickle Cell Anemia and Black People**
Tuesday, March 28, 1972 — 7:00 p.m.
Martin Luther King Center
41st and Lancaster Avenue

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# A GUIDE TO JUVENILE DETENTION ALTERNATIVES IN GREATER PHILADELPHIA

## MONTGOMERY COUNTY COMMITTEE FOR JUVENILE JUSTICE, INC.

Often the most powerful tool for promoting community involvement in children's problems is compiling educational materials on existing resources. Armed with knowledge about alternatives, community groups or individuals are more likely to speak up on behalf of children in bringing these alternatives to the attention of the agency charged with decision making about a child's welfare.

**Definition**

What is juvenile detention? It is locking up a child on court orders and holding him/her until a hearing is held in court. This "temporary" incarceration may last for several months despite the generally held expert view that ten to fourteen days provide enough time for diagnosis by the probation department. Severe damage to the child's notion of self worth is one of the typical results of such jailing. It is one of several compelling reasons why incarceration is deplored by the National Council on Crime and Deliquency, the Law Enforcement Assistance Administration, and the President's Special Task Force on Correctional Standards. These agencies unanimously agree that detention should be exercised only if the child:

1. Is a serious danger to himself
2. Is a serious danger to the community.
3. Is almost certain to run away.
4. Is a runaway who must be held for another jurisdiction.

**Detention Centers**

1. Diagnostic Center, Cornwells Heights — Juveniles can be held for a maximum of 60 days for psychiatric study and medical examination prior to court commitment.
2. Day Treatment Center, Luzerne — Juveniles are held here for minor offenses such as truancy.
3. Youth Study Center — a secure detention facility for youths.

**Alternatives to Detention**

1. *Children's Shelters for Neglected and Dependent Children*
   These facilities are a must for every community which wants short-term care for children who have to be removed from their troubled homes. Temporary shelters are not only more useful than institutions, they also cost less.

2. *Homemaking Service*
   This service, provided in emergencies, often makes it unnecessary to place a child in a shelter. Does a local welfare agency provide it?

3. *Foster Homes*
The recent report, *Dollars and Sense in the Foster Care of Children: A Look at Cost Figures*, affirms the value of foster care, which costs about half of what institutional care costs. Foster care programs are desperately needed.

4. *Family Day Care Homes and Day Care Centers*
Many children whose parents work require care and supervision before and after school. As the National Council on Crime and Delinquency observes, such day care has proved its worth "in terms of both prevention and correction."

5. *Intensive Supervision*
When they are not overburdened with case work, probation officers can give daily assistance to parents and their children during the crisis period between apprehension and court hearing. The children selected for the intensive supervision program are those who do not need secure detention. Results in numerous places have been good. In the highly successful Home Detention Program in St. Louis, Missouri, children are supervised in their own or surrogate homes by community youth leaders, rather than by probation officers.

6. *Twenty-Four Hour Intake Service*
Round-the-clock scheduling facilitates immediate disposition of cases and makes it unnecessary to detain children for a day or two before sending them home.

7. *Group Homes*
Group homes are community-based residences for small groups of children, staffed by houseparents. Neighborhood resources (schools, recreational facilities, social agencies) are used, in a structured, therapeutic program.

8. *A Youth Service Bureau*
This is a public agency which coordinates available services on behalf of children with behavior problems and follows through on each case. Such services may include group, individual, and family counseling; voluntary placement in foster homes; work and recreation programs; special education (remedial and vocational); job training and counseling; and physical and mental health services. The Bureau would report gaps in services to state or local planning bodies.

# V. LIAISON WITH OTHER GROUPS

## A. METHODS

- Membership on City, State and other boards
- Bringing together community members and government agencies
- Joint sponsorship of workshops and programs

### 1. Membership on City, State and Other Boards: What the Child Advocacy Project Did.

In each of the program areas, the community organizer and the program committee members became members of the Boards of related groups, such as community organizations, city-wide interest groups, or city and state advisory committees.

Such board membership enabled the Child Advocacy Project staff and community people to express their views directly to others concerned with similar programs, and to have some impact on that group's priorities.

These activities broadened the reach of the Child Advocacy Project and helped to develop a common community of concern across the city and even throughout the state.

Board memberships were accomplished in a variety of ways. Sometimes they came about simply by contacting the group and describing the nature and concerns of the Child Advocacy Project. Sometimes the board membership came about only as a result of a community education effort. For example, a member of the Child Advocacy Project staff and the chairman of the Child Advocacy Project Health and Welfare Committee were both elected to the Regional Comprehensive Health Planning Board (RCHP) after the Child Advocacy Project carried out an education program acquainting the community with the RCHP goals, their election procedure, and the Child Advocacy Project candidates.

The success of this activity is reflected in board memberships of Child Advocacy Project staff and community people, listed below:

**EDUCATION**

Community
- Conestoga Community Betterment League
- Hobart Street Civic Association
- Wynnefield Residents Association
- Haddington Leadership Organization

City-Wide
- Citizens Committee on Public Education
- Home and School Association
- Parents Union
- Black Educational Forum
- Parent/Youth Aid Committee Network

**YOUTH ACTIVITIES**

City-Wide
- Union of Student Governments
- School Ombudsmen
- Youth Action Council
- Youth Development Enterprises Network
- Parent/Youth Aid Committee

City Government
- Youth Conservation Services
- Youth Services Commission

CHILDREN'S LEGAL RIGHTS

City-Wide

American Civil Liberties Union

Coalition Against Police Abuse

Philadelphia Program for Women and Girl Offenders

Pennsylvania Law and Justice Institute

Juvenile Justice Center

HANDICAPPED CHILDREN

City-Wide

MH/MR Committee on Children and Youth

Philadelphia Association for Retarded Children

State-Wide

Pennsylvania Fellowship Committee

Pennsylvania Mental Health Association

State Government

Developmental Disabilities Advisory Council

Right to Education Task Force

CHILDREN'S HEALTH AND WELFARE RIGHTS

City-Wide

Coalition Against Child Abuse

Philadelphia Nutrition Council

Philadelphia 4-C Council

Family Planning Council

City Government

Comprehensive Services to School-Age Parents

Other Governmental

Regional Comprehensive Health Planning

**2. Membership on Boards of Related Groups is More Likely to be Successful if You . . . .**

**In Seeking Membership**

— Set priorities for membership in line with the needs of the agency and community concerns.

**In Participating in Meetings**

— Direct the agenda towards community concerns about the rights of children;

— Do not hesitate to deal with bureaucratic reasoning.

**In Speaking for the Community**

— Leave out your own concerns;

— Reflect community views, including the fact that there might be differences of opinion among community groups and individuals.

**3. Bringing Together Community Members and Government Agencies: What the Child Advocacy Project Did**

Frequent communication between a community and other civic and governmental groups helps to provide access to decision-making when a problem arises, helps others understand community problems, and gives the community members a sense of assurance about their advocacy activities. The Child Advocacy Project fostered these communications by arranging meetings of community groups with city and state government officials, with school officials, and with other kinds of decision-makers.

**Education:**

- Site visits to local schools were arranged so that community parents could inspect a number of schools, meet the local administrators, have some basis for comparison among schools, and feel more confident about their ability to provide input into the decision-making about their children's education.

**Youth Activities:**

- During a teachers' strike, the Youth Activities Council met with school administrators to communicate their concerns and express their views about the strike.

**Children's Health and Welfare Rights:**

- The Health and Welfare Committee was concerned about the educational program for teenage parents called the Comprehensive Services to School Age Parents. Each high school then had a separate set of classrooms for the girls with no coordinated program for them. The committee held several meetings with the coordinator of the program and recommended that the continuous education centers should be coordinated by one school administrator. In addition, the committee recommended that special curriculum units, such as nutrition education should be added. These changes were made.

**4. Joint Sponsorship of Workshops and Programs: What the Child Advocacy Project Did**

Many joint workshops, seminars and other programs were conducted, with the Child Advocacy Project working together with one or more groups. These joint programs gave the Child Advocacy Project insights about the focus of the co-sponsor's program; helped the Child Advocacy Project gain credibility; and helped develop a common community of concern for child advocacy.

In these joint workshops, the Child Advocacy Project staff and Council participated in the following ways:

- Helped recruit workshop participants;
- Distributed fliers and information concerning the workshop;
- Located workshop speakers;
- Registered workshop participants;
- Acted as community resource people;
- Helped conduct some of the workshop sessions;
- Helped evaluate the workshop.

Some joint programs developed and carried out by the Child Advocacy Project with others were:

**Youth Activities:**

- A joint conference was sponsored by the Youth Action Council of the Urban League and the Union of Student Governments on *Student Rights and Responsibilities.*

**Children's Health and Welfare Rights:**

- A workshop was sponsored jointly by the Child Advocacy Project and the National Student Nurses Association to encourage more male students to enter nursing.

**The Youth Action Council of the Philadelphia Urban League (YACUL) in a planning session.**

**Continuous sharing of information and experiences are important components of advocacy.**

**Children's Legal Rights:**

- A workshop was sponsored jointly by the Child Advocacy Project and the American Friends Service Committee on *Juvenile Justice.*

**Handicapped Children:**

- A medical symposium was sponsored by the Child Advocacy Project, the Philadelphia Association for Retarded Children, and Parent's Network.

## VI. INTERVENING IN INDIVIDUAL CASES

Caring about children and advocating for their rights means getting involved or intervening in an individual case. Sometimes intervention means securing for the child public services to which he is entitled, sometimes it means taking an active role in his life for a transitional period; sometimes it means helping define alternatives for those responsible for making decisions about the child's welfare.

These case examples from the Child Advocacy Project files show the results of intervention in individual cases.

**Case No. 1**

The Health and Welfare component's community organizer was asked for help by the mother of a twelve-year old girl who had an upper front tooth growing through her upper lip. The family was on welfare and had been told by the Department of Public Assistance that it was not allowed to provide money for orthodontic treatment.

The Child Advocacy Project, upon investigation, found that the Division of Dental Health of the State Department of Health did have an assistance program and that the child and her family met the eligibility requirements.

The child's mother was sent a letter instructing her to take her daughter for a handicapped screening to one of the dentists that the state uses in its program. Based on the dentist's evaluation of the problem, application approval was granted and work began

**Case No. 2**

Two detectives entered a Jr. High School and arrested a student from the school and took him to the Police District precinct station.

The boy's father called the Child Advocacy Project community organizer, asking him to intercede on behalf of the child. The organizer advised the parents to go to the police station immediately, where he would join them. He then contacted the Educational Law Center's lawyer and asked that they intercede also.

The youngster was later dismissed for lack of evidence. However, the parents, through the Educational Law Center, intend to sue the Police Department for false arrest, and the Board of Education for releasing their child without an arrest warrant.

**Case No. 3**

The Child Advocacy Project community organizer of the Education Component joined with a coalition of concerned parents in an effort to effect a transfer of local school principals who had been cited for insensitivity towards children, use of excessive force on young children, disrespect for children's rights, lack of programmatic initiative and poor leadership capabilities. Complaints were lodged at both the District and Main office of the Board of Education. The Child Advocacy Project Community Organizer undertook the task of correlating testimonies and incidents and establishing fact sheets on the issue. Overall organization of the effort was done by the local Community Betterment League's Education Committee.

**Case No. 4**

A grandmother of two boys, ages 3 and 9, contacted the Child Advocacy office and asked for assistance in a case of child neglect, which was the charge brought against her daughter. One child, age 9, had been removed from the mother's home and placed in a center for the protection of children, administered by the Department of Public Welfare. The younger child was with the grandmother.

The grandmother filed a petition in family court to retain legal custody of the younger child and eventual custody of the older child. The Child Advocacy Project organizer for Health and Welfare contacted the social worker on the case and found her non-cooperative and very hostile towards the mother and grandmother. She had made no effort to bring together the mother and grandmother so that she could effect some cooperation between the two. She seemed determined to institutionalize the two boys.

The Child Advocacy Project organizer contacted the Young Lawyers section of the Bar Association so that the children would have another group representing their interests. Before the case went into court, the Child Advocacy Project organizer was able to bring the mother and daughter together and got the daughter to agree not to fight her mother in court and to allow her to have custody of the children, thus keeping them within the family for their psychological well-being.

**Case No. 5**

The Child Advocacy Project organizer for the Handicapped sent a letter to a judge of the Court of Common Pleas, on behalf of an educable retarded youth, age 13, with whom the community organizer had been working. The youth was being impeded in his progress by several false accusations by his father as to his progress and corrigibility. On the strength of his father's testimony, the probation officer had recommended incarceration for the youngster. Upon investigation by the community organizer and discussion with the probation officer, an agreement was reached whereby it was decided that these accusations were false and confinement was not in order.

**Case No. 6**

A pediatrician at the Children's Heart Hospital telephoned the Child Advocacy Project and reported that a child was paralyzed on the right side, allegedly from a fall in the home of her 20-year old mother while under the care of a baby-sitter. This case was assigned to a Child Advocacy Project Student Social Worker. Investigation revealed that the mother wanted to take her baby home, but the doctor suspected neglect and on the advice of the Child Advocacy Project's Student Social Worker, obtained a petition from the court to retain this child for further treatment and protection.

Much time and effort was spent on this case in attempting to gain the confidence of this mother who appeared to be protective of the baby-sitter, believed to have been responsible for the alleged fall from the crib.

A conference with the staff at Children's Heart Hospital was held to determine what support the hospital could offer this mother.

Case No. 7

The Child Advocacy Project community organizer for the Handicapped was contacted by a distraught mother in the West Philadelphia Community about her 16 year old son, diagnosed as having minimal brain damage with a learning disability. The youth had just completed a year-long program at a school for emotionally disturbed adolescents. The community organizer contacted a mental health specialist at a local mental health facility to enlist aid in acquiring admission to another institution for the youth on a residential and educational basis. The community organizer and the parent felt that this program would be most suitable for the young man. The youth was accepted at the other institution as a commuter in its education program.

Case No. 8

The parent of a Down Syndrome child contacted the staff with charges that her child had been discriminated against by not being selected to participate in the program at a Developmental Disability Day Care Center. The parent had a confrontation with one of the staff and the child was prevented from participating.

A staff member accompanied the mother to the Center where they spoke with the director and the social workers, who then investigated the charges. As a result, the child was slated to begin in September as a program participant.

Case No. 9

The Child Advocacy Project was contacted by a representative of the Defenders Association about a ten year old retarded boy who had been referred to him as a client. The youngster was apprehended trying to steal a coat from a department store. After several consultations with the parent, who works at night, two community advocates were located who were able to spend some time with the youngster and his family.

## VII. CASE STUDIES IN COORDINATED TECHNIQUES OF ADVOCACY

Problem No. 1: From an Individual Problem to a New Community Organization

On Thursday, May 9, 1974, the Legal Rights Community Organizer received a report of police brutality. A 17 year old youth had been picked up by the police as a suspect in a robbery, taken to the police station, beaten and released with no charges.

The Legal Rights Community Organizer held a community meeting to deal with the situation. Contacts were made with agencies and individuals throughout the city for further action.

On Monday, May 13th a group of concerned individuals, many of whom had attended the community meeting, met with the Philadelphia District Attorney to present their concerns and to help prevent further incidents of police brutality.

A statement on the case was taken from the youth by police department inspectors, so a complaint could be filed. The Legal Rights Component called on the Lawyer's Committee, a group of attorneys in the city who volunteered their services in civil rights cases. Through this group a private attorney was brought in for the defendent.

Meanwhile, as the case was proceeding through the police department, the concerned residents of the local community asked the District Attorney for a report on his investigation. The policeman involved was subsequently arrested for simple assault.

In another case, the Child Advocacy Project's Legal Rights Community Organizer attended a meeting conducted by a staff member of the Pennsylvania Justice Department on the subject of excessive police force towards juveniles. The meeting focused on procedures available to individuals concerned with this problem when an alleged case appears.

Armed with information, the community organizer developed and conducted two community meetings on police brutality. In addition, she distributed throughout the community fliers on what to do if arrested and on procedures in reporting police incidents.

Within a few months a new community group was formed with the explicit purpose of maintaining vigilence against further incidents in the neighborhood by remaining a resource for the community in the event of difficulties, and by having a cadre of people monitor activities at the local police station and serving as ombudsmen for those being processed through that precinct.

Problem No. 2: The School Breakfast Program

As part of its efforts to plan and implement programs with the people living in the target area, the Child Advocacy Project organized a Health and Welfare Committee from among community members. That committee organized a subcommittee on nutrition.

This is a description of one problem area in which the Nutrition Subcommittee of the Health and Welfare Committee became involved.

- A Breakfast Program in the Local School

In September 1973, the Nutrition Committee met and discussed a number of problems, one of which was the lack of a school breakfast program in the local schools. Although the school lunch program was mandatory, the breakfast program was optional, and principals had to sign up for it. The local elementary school principal had not yet done so.

The committee met with the principal of the local elementary school and expressed its concern that the program had not yet started for the children in the community. The principal, at this meeting, agreed to file the application for school participation within a few days.

The Committee members, gratified at his agreeing to act, moved on to another concern: the quality of the menu of the proposed breakfast. They had noticed that the

nutritional requirements could legally be met by giving the children an enriched cake, the so called "Super Cakes," with milk and juice. These products, the committee pointed out, added too much sugar to the diet and served as bad models for nutrition education.

The next month, the school breakfast program began at the local school, serving 546 children from kindergarten through the third grade. The program was implemented with the help of eight volunteer parents; the budget did not provide funds for personnel to serve the breakfasts. By January 1974, the program was extended to the 8th grade in that school, reaching the total school population of approximately 1,400 students.

The nutrition committee then took the next step in expanding its area of concern, and a letter was written to the Internal Controller for the Philadelphia Board of Education suggesting that the program might be extended into other schools if there was some payment for the parent-volunteers working with the program.

- **Involving the Philadelphia Nutrition Council**

Active in the area of nutrition in Philadelphia was the Philadelphia Nutrition Council, a group made up of health professionals representing organized groups interested in promoting nutrition. Prior to this time, the Child Advocacy Project's Health and Welfare Community Organizer, and the Child Advocacy Project Chairman of the Nutrition Subcommittee, had been accepted as members of the Philadelphia Nutrition Council. As such, they attended the monthly meetings and added their voices to discussions about the group's priorities and operations.

The two Child Advocacy Project members began discussing the importance of the school breakfast program at the council meetings, and gradually, that group accepted the program as one of its priority concerns.

In April, the Nutrition Council invited the Chief of the Division of Food and Nutrition Services for Pennsylvania to come to Philadelphia and clarify for them the school breakfast program reimbursement schedule. This discussion led them to believe that there might be room in the budget for paying parent-volunteers after all.

At the same time, the Nutrition Committee was moving to [illegible]volve more schools in the program. In May, the Child Advocacy Project organizer m[illegible] the principals in School District 1, the administrative school district encompass[illegible] target area. There are ten districts in Philadelphia, each with a superintendent [illegible]ing the dozen or so schools in each district. The Philadelphia School Board coord[illegible] all districts.

A presentation was made at this meeting on the importance of the school breakfast program, and fourteen of the twenty-nine principals attending expressed positive interest. A follow-up letter was sent to the principals to elicit written expression of interest in implementing the program.

- **Advocacy at the Top: A Mandated Program**

The next month, June 1974, the Child Advocacy Project organizer attended the Philadelphia School Board's meeting regarding the selection of a food service director. When a new director was selected over the summer, the Child Advocacy Project's Nutrition Subcommittee arranged to meet with him in September. At that meeting, they discussed with him plans to expand the breakfast program. Unfortunately, the new Director stated he intended to put emphasis on the mandated lunch program, and he did not believe he would implement the breakfast program until January.

Between September and January, the two Child Advocacy Project representatives continued to maintain interest in the breakfast program among the Philadelphia Nutrition Council members. At the September meeting, the group began to plan strategies for evaluating the present breakfast program, and for recommending a change in menu to eliminate some of the sugared foods. The Child Advocacy Project organizer suggested that since the Council included some nutritionists, it might be helpful for them to plan alternate menus and discuss those alternatives with the contractors presently fulfilling the school district's breakfast food requirements.

During this time, the Council also communicated to the School Board its feelings about the importance of the breakfast program. Specifically, the Council urged that the School Board pass a resolution to make the breakfast program mandatory in the public school system.

This strategy succeeded, and on November 18, 1974, a resolution to that effect was accepted by the Philadelphia Board of Education.

- **Other Issues: Menu Quality and Paid Help**

The advocacy focus now shifted to expanding the breakfast program throughout the system, for although it was now mandatory, the starting dates were left open. The discussions continued also on the *quality* of the menu.

In December, following the suggestion of the Child Advocacy Project members serving on the Philadelphia Nutrition Council, the group agreed to continue to pursue the possibility of paid help in the breakfast program. That would remove one of the prime complaints of the principals — the difficulty of running a program dependent on volunteers. At the same time, the Council agreed to explore other avenues for funds for a breakfast program for school children. The Council looked into the possibility of community churches adopting the program as their priority and preparing breakfasts for school children where the school program had not yet begun.

- **Funds for the Philadelphia Nutrition Council**

About this time, a local magazine published a major article on the school system's poor response. A local foundation official, moved by the article, sent a representative to the Philadelphia Nutrition Council to offer funds for it to continue its advocacy for breakfast expansion, and the Council prepared a proposal for this funding.

The community organizer met with the Fundation's Board of Directors in April to discuss the Philadelphia Nutrition Council's proposal for funds for advocacy for school breakfasts, and a few days later, the foundation granted $11,000 to the Council for its program.

The program received a setback a week later, however, because a welfare organization won a consent decree in the U.S. District Court to regulate the use of ESEA Title I funds by the Philadelphia School Board to provide free breakfasts in all Title I schools. This consent decree caused the Foundation to withdraw its grant.

The Nutrition Council, however, resubmitted a portion of the original proposal, asking for funds to conduct an advocacy program for those children where the family finances were just above the poverty level, but where the children were still in need of a nutrition program in non-Title I schools.

In May 1975, the Philadelphia Nutrition Council received a grant of $2,700 to carry out a community education program on breakfast expansion. First in the plan was a community workshop on school breakfast expansion and community involvement.

Following their interest in the menu quality, the Child Advocacy Project community organizer and the executive director of the Philadelphia Nutrition Council, met with the School District's Food Service Director to reiterate their concern about the menu and to demand that "Super Cake" be removed because of what it represents and because of the excessive amount of sugar content. However, because "Super Cake" was so cheap, the request was denied. A few changes were agreed to, and where a high-sugared cereal was being served, Raisin Bran, blueberry muffins and fresh fruit were substituted.

A list was requested of the co npanies who had submitted bids for the breakfast program, and plans were made to meet with those companies to examine their proposed menu and to suggest substitutes for the "Super Cake."

On still another front, the Child Advocacy Project community organizer gathered community support for a pending Senate Bill for comprehensive nutrition education in all public school curricula.

- **Results**

After two years of effort, the Nutrition Subcommittee of the Child Advocacy Project had been successful in getting the breakfast program adopted in community schools; in having the breakfast program made mandatory for all public schools; for beginning an examination of the possibility of paying the parents then volunteering their services in the program; for bringing the breakfast program to the top of the agenda of the city-wide Philadelphia Nutrition Council and for bringing some funds to the Council for advocacy and for community education; for raising the quality of the breakfasts served; and for developing community support for state-wide legislation on mandatory nutrition education in the public schools.

**Problem No. 3: Children Born Out of Wedlock — A Changing Concept in Our Society**

- **A Definition of the Concept**

What ought to be the dynamic, pleasurable experience of being a child; of growing and developing in harmony with self and environment; of acquiring the knowledge and practical skills which will be needed to function as adults in this society — is eclipsed when a disproportionate amount of physical and mental energy of children born out of wedlock is consumed in their struggle to survive.

The status of illegitimacy is expressed because of society's condemnation of bearing children out of wedlock. This condemnation of the infant is unjust. Moreover, imposing disabilities on the child born out of wedlock is contrary to the basic concept of our system — that legal burdens should bear some relationship to individual responsibility for wrongdoing.

Obviously, no child is responsible for his birth, and penalizing the so called "illegitimate" child is an ineffectual, as well as an unjust, way of deterring the parent. Courts are powerless to prevent the social stigma suffered by these children, but the Equal Protection Clause does enable us to strike down discriminating laws relating to the status of birth.

- **Strategy for Preparation of a Class Action Suit**

This issue was first brought to the attention of the Child Advocacy Project by an unwed mother in a meeting with the project staff at the Child's Rights Center in February 1972. There had previously been a bill introduced in the Pennsylvania Legislature to change the status of so called "illegitimate" children to legitimate regardless of the marital status of their parents. That bill died in committee for lack of support.

In an effort to document the extent of this social problem and provide pertinent information to stimulate public awareness, the Child Advocacy Project conducted two public hearings. Members of the Child Advocacy Council appeared on local radio and television, and the local press covered issues in the suit extensively. As a result, the Project received numerous letters of support from various social service agencies and community organizations.

Specific laws, rules and regulations pertaining to children born out of wedlock were researched and distributed to the community and youth service agencies throughout the city. In order to establish that out-of-wedlock children suffered "real" damages, members of the Legal Rights Committee and the Child Advocacy Council sought children born out of wedlock, whose fathers had died leaving an estate. Affidavits of such cases were prepared and made ready for filing, and lawyers were sought to represent the case in court.

The Child Advocacy Project Director and the Legal Rights Community Organizer met with the Deputy Attorney General, the Secretary of Health and a representative from the Governor's office to discuss the details of the case and to get the support of state officials.

- **Filing the Suit and Significant Aspects**

Finally, on October 31, 1972, the Child Advocacy Council, representing the target community, filed a class action suit on behalf of the legal and human rights of all children born out of wedlock in Pennsylvania. The suit was filed in the United States District Court for the Eastern District of Pennsylvania. The suit declares that the State of Pennsylvania in its official capacity, and through various boards and agencies, makes a distinction between children whose parents were married, and whose parents were not married, at the time of the child's birth.

The defendants in this case are the Governor of the State of Pennsylvania, the Attorney General, the Department of Health, the Director of Vital Statistics, and other boards and agencies which make distinctions between legitimate and illegitimate children. The issues deal with the birth certificate, where children are identified as illegitimate; the denial of Workmen's Compensation benefits for such children; the discrimination by hospital plans and insurance companies and other areas regulated by the State; and the fact that "illegitimate" children are not allowed to inherit from their natural fathers, whereas "legitimate" children may do so.

The initial filing was dismissed due to a legal technicality. The case was reinstated in November of 1974 by the Public Interest Law Project. Although the issues contained in the suit have yet to be heard in federal court, some very significant changes regarding these children have occurred during the intervening years.

The Attorney General of Pennsylvania has issued several opinions which have the force of law and which focus on this issue of illegitimacy. One opinion states that children born out of wedlock may be given the surname of the natural father in situations

where the woman is married, but separated from her husband. The other opinion declares that children born out of wedlock may now receive Workmen's Compensation benefits from the natural father even though these children may not live within his household. The birth certificate issue has remained in the suit because the State is still using the old long form which includes information on birth status. The Legislature and the Health Department plan to adopt a new long form that will not include the birth status. Meanwhile, they should be sending out birth registration notices to all parents and providing short forms to all parents requesting a birth certificate. They should also be sending out long forms to parents of out-of-wedlock children who request them.

- **Results**

Thus, after three years of effort, the Legal Rights Committee of the Child Advocacy Project has been successful in heightening community awareness of the problems of children born out of wedlock.

In addition, the Attorney General of the State of Pennsylvania has issued several opinions regarding this issue which have had a significant impact. A major problem remaining to be resolved is the issue of inheritance. As of Spring 1976, this issue was pending a court hearing. The Child Advocacy Project remains firm in its determination to continue the fight until all children born in our society are legitimate.

**Problem No. 4: Child Advocacy In Action — The Case of Child Abuse**

Early in 1972, the Child Advocacy Project through its Health and Welfare Committee began to focus attention on the problems of child abuse. Nearly every day, newspapers contained stories of children who had been battered, abused, and even killed by their parents or caretakers. A closer look at the systems organized to deal with the problem, and more specifically what was being done to prevent these incidents from happening, showed that there were no community facilities where children could be taken to *prevent* them from being harmed by their caretakers. It was only after they were hurt that any form of assistance was offered, and that help had certain limitations.

Members of the Health and Welfare Committee visited the Philadelphia General Hospital, Children's Hospital, Presbyterian Hospital, and the Hospital of the University of Pennsylvania to gain some understanding of the way in which help for the abused child could be strengthened. It became clear that the committee could be of assistance to the medical profession by developing and conducting a workshop to determine how the medical people could best deal with the suspected abusing parents.

Doctors and nurses working in the emergency receiving wards are the first persons to see parents and the battered child. If one views the problem of the battered child as a family problem, then it is crucial to bring the parents to the point of accepting help in order to prevent further abuse of their child. To do this, the proper atmosphere should be created by the doctors and nurses in the emergency ward to obtain the cooperation of the parents.

The idea for this workshop was presented to the Chief of Pediatrics at the city hospital, who has been a pioneer in working on behalf of abused and battered children. The doctor began to plan with the Health and Welfare Committee to arrange the workshops. In addition, the doctor and the committee also conducted a series of community education workshops in the target community to bring the issue to the attention of families in the area.

Part of the audience at the Child Advocacy Project's Workshop on Child Abuse.

Child Advocacy is hope for many.

- **Expanding the Strategy**

Once the idea was implemented, a number of other agencies and organizations showed interest in similar workshops. A continuing series of Child Abuse workshops was conducted for the Center for the Administration of Justice at a local university. These workshops were designed to provide in-service training, information and education for the Philadelphia Police Department, reaching both veteran and rookie police officers.

Professionals from different disciplines were recruited to act as panelists and resource persons to provide the benefit of their background and experience. Pediatricians from local hospitals were utilized, as well as representatives from the Child Abuse Preventive Effort (CAPE), a regional group of volunteers concerned with this problem; members of the Young Lawyers Committee of the Bar Association, who provided legal representation for abused children; and social workers from a number of child welfare services.

- **Providing Alternatives to the System**

There were a number of instances where the Child Advocacy Project was approached by teachers, day care center workers, or concerned neighbors who knew of a problem involving child abuse. Where should they turn for help? Where could the parents turn for assistance? Much of the job of advocacy comes from knowing what the available resources are, and how they can be obtained. Sometimes, however, the job of advocacy involves creating alternatives, which agencies are often not able to do.

In many communities there is no single place where a parent in stress can go to get immediate help to prevent the possible abuse and battering of a child due to many daily frustrations. What is needed is a sanctuary, just a telephone call away, that will provide a temporary shelter for the safekeeping of children, or a place where parents can go to get assistance with everyday problems and receive professional guidance on how to cope with them.

Moving to plug that gap, the Health and Welfare Committee of the Child Advocacy Project developed a proposal for just such a neighborhood facility where children could be placed, on a twenty-four hour basis, and where parents could receive professional help. This proposal has become known as the "Happy House" concept.

As advocates, we believe that reoccurring child abuse can be prevented by intervention and that the home can be made safe for the return of the abused child, if treatment of the family is continued and followed up for at least one year after an abusive incident.

- **Helping the System Function Better**

During the four years of its operation, the staff of the Child Advocacy Project established a good working relationship with the Child Protective Service of the Philadelphia Welfare Department, and with other related City and State agencies. Most of the reports received by the Health and Welfare Committee came from a school/community coordinator, a school nurse, the neighbor of an abused child, or a private physician who did not want to get involved personally.

Upon receiving the report, a call was made to the Director of the Child Protective Service. The pertinent details were provided and a case worker was assigned. In addition, a follow-up letter was sent to the Child Protective Service office documenting the reported case. In turn, a letter containing a report of their findings was sent to the Health and Welfare Committee to keep them informed of the progress in the case.

If progress appeared to be slow, or no further followup was anticipated, the Health and Welfare Committee continued to keep abreast of the case. If necessary, contacts were made with the family to discuss any possible breakdown in communications with the case worker. If there was a lack of communication or cooperation between the agency and the client, the Child Advocacy Project acted as a liaison to reestablish cooperative efforts.

The Child Protective Agency believes its interests are served by this cooperative effort with the Child Advocacy Project because it receives news of problems in the community it might not otherwise hear of, or learn only when the situation became much more serious. Over the years, the Child Advocates have become known to the agency as being able to find solutions to problems because of their roots in the community. With the best of intentions, any social service organization is tremendously overloaded, and many cases "slip through the cracks." To have Child Advocates acting as outreach assistants for the agency has been perceived by the agency as helpful in its ability to perform its services more adequately.

The Child Advocate was also perceived by the courts in many instances as helpful. Again, the Advocate's role as liaison between the institutions, the child, and his family, was helpful in devising alternatives not readily apparent to the courts.

- **Changing the Law**

One of the major concerns of the Health and Welfare Committee was the work which aided the passage of the Child Abuse Act of 1975. In 1967, Pennsylvania enacted its first Child Abuse Law. While this was a step forward, the law was felt by many to be weak in some respects. The law required doctors, hospitals and some other medical personnel to report all cases of suspected child abuse and neglect. It suggested, but did not require, that others might want to report such cases. While those required to report cases were theoretically protected from law suits for their actions, the protection was not felt by some to be absolute. Those not required to report cases were not protected at all.

Accordingly, in 1974, a state senator introduced an update of the Child Abuse Act. The bill called for:

1. An expansion in the types of persons required to report suspected cases of child abuse and neglect.
2. A state-wide toll free telephone hot line to make reporting easier.
3. Immunity from civil and criminal liability for any person reporting suspected child abuse cases in good faith.
4. A Guardian Ad Litem, who shall be an attorney for the child.
5. Temporary protective custody with a requirement of a prompt juvenile court hearing.
6. A modification of the rules of evidence in juvenile court to take into account the realities of child abuse.
7. Mandated rehabilitation and Child Protective Services in each county in the state of Pennsylvania.
8. Establishment of a Central Registry for summaries of those reports proved to be founded.

In addition, the bill called for continuing publicity and a public education program aimed at the prevention of child abuse, the identification of abused children, and the provision of necessary services to aid abused children and their families. One unusual feature added to the last version of the bill and included in the Act as passed, was the

establishment of the Pennsylvania Senate Committee on Aging and Youth, and the House Committee on Health and Welfare as overseers of the Act, rather than the Department of Health. These Committees were mandated to carry out an annual review of the functioning of the Act.

- Child Advocacy Project Support

This proposed Child Abuse Act included many provisions felt by the Child Advocacy Project to be necessary for the prevention of child abuse and for the protection of abused and battered children. Accordingly, on March 6, 1975, while debate was still continuing on the issue in the Pennsylvania Legislature and in the community, the Child Advocacy Project coordinated for the sponsoring legislative committees, a public hearing in Philadelphia. This provided an opportunity for local groups and individuals to comment on the proposed legislation. Some twenty organizations, agencies and hospitals submitted their views to the legislators on the provisions of the bill and helped to perfect and refine the proposed Act.

A few weeks later, the Child Advocacy Project's Health and Welfare Committee arranged for the legislators to tour child abuse facilities at several hospitals in the target area so they could see, first hand, some of the programs that were currently operating. A part of the day's program for the legislators was an informal meeting to provide an opportunity to meet with some of the groups who were unable to be present at the earlier public hearing.

- Summary

The Child Advocacy Project has been involved with the issue of child abuse and neglect in many ways. It has intervened in individual cases to arrange for alternative solutions; it has trained members of the community to act as lay advocates for children in cases of child abuse; it has held local community education workshops to sensitize the community to the problem. It has held workshops with rookie and veteran police officers to help them view the problem as one requiring assistance to the parents, as well as protection for the child.

The Project has provided similar conferences for multidisciplinary groups at the University of Pennsylvania; participated on the boards of agencies related to the problem; participated on local television shows to bring the problem to a larger community; and prepared a proposal for funding of a facility to help prevent the abuse, battering and neglect of children.

This multifaceted approach is the heart of advocacy, bringing to bear on an issue all the individual and group pressures that can be mustered, working at all times to enable the established systems to provide help for the child.

Problem No. 5: Transfer of Mentally Retarded Students

Early in May 1975, the parents of 43 mentally retarded students attending the Brooks Educational Center, located in the target area, were told that their children would be transferred to a school which was badly run down, with chipping lead paint, corroded water fountains, and many other unsanitary and hazardous conditions.

Repeated objections to the transfer by individual parents resulted in no action, and they were told by the school district superintendent that there was nothing they could do about the transfer.

The newly elected president of the Home and School Association at Brooks appealed to the local Task Force Committee on the Right to Education, which held several meetings with a number of district personnel, but no definite action seemed to be forthcoming.

The president of the Home and School Association discussed the problem with the Child Advocacy Project Health and Welfare community organizer who wrote to the school district superintendent. The letter officially registered the complaints.

In addition, a meeting was scheduled with a lawyer from the Philadelphia Association for Retarded Children to advise the parents of their legal rights.

After throughly investigating the conditions surrounding the issue, the Child Advocacy representative scheduled a meeting with a school district administrator. The matter was resolved. The children were allowed to remain at the Brooks Educational Center.

Parents were also allowed to have an input in future program planning that might affect their children's lives.

## VIII. CONCLUSION

The concept of Child Advocacy is rapidly gaining support throughout the country. We have seen the advent of Civil Rights, Welfare Rights, and Women's Rights. We are now in the forefront of a movement for Children's Rights. The old rule that children should be seen and not heard is no longer acceptable.

The Philadelphia Urban League received a federal grant in July 1971, to initiate a program of Child Advocacy that can be duplicated in similar communities across the country. A Child Advocacy Council was organized by an ad hoc group of community residents. Operating in a target area of West Philadelphia, this federally-funded community development project has now successfully completed the final phase under the demonstration grant from the Department of Health, Education and Welfare.

The goals and objectives of the Project have been aimed at providing a means of community involvement and education for the target community and stimulating child service agencies to upgrade and expand social services and legal rights for all children and youth. The Child Advocacy Council has focused its attention on Youth Activities and Education, Health and Welfare, Legal Rights, and Handicapped Children.

During a critical teachers' strike, the Child Advocacy Project, working together with student organizations, established a spearhead of positive youth involvement by organizing and operating 48 alternate learning centers throughout the city of Philadelphia.

The Project has also been responsible for providing community support for the establishment within the target area of a pre-school center for the early discovery and treatment of children with learning disabilities. A school breakfast program generated by the Project is now in operation and a child abuse prevention proposal is being seriously considered for implementation by health officials.

Handicapped and mentally retarded children have been identified and included in the regular educational system as a result of Project cooperation with the court mandate initiated by the Philadelphia Association for Retarded Children. Parents of handicapped children have been organized, and a parent network of communications has been established so they can be of assistance to each other.

The Project, serving as a beacon of light for all our children, has symbolized its efforts by filing a class action suit against the Commonwealth of Pennsylvania on behalf of the legal and human rights of children born out of wedlock. As a direct result of this court challenge, state officials are now considering the constitutionality of several state laws.

We must continue to search out and erase the numerous subtle manifestations of the negative impact that damages the self image and maturation of our children. In the present framework of our society, social disadvantages and economic hardships still exist for children and youth. Our goal must be to make society recognize its responsibility to our children and act accordingly.

With that goal in mind, the Child Advocacy Council is planning to become incorporated prior to the end of the 1976-77 fiscal year so that they can seek alternate funding and continue to build on the program of advocacy begun five years ago.

As this demonstration project ends, we hope the community will continue to focus attention on the desperate needs of children in our society by providing a protective environment. However, we must also develop and expand more and better resources to provide better services. We must get more child advocates involved to see that our children's needs are met. When all of this begins to occur we will truly be able to ----- Save The Children.

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.... And finally, to the members of the Child Advocacy Council, both past and present, who worked hard and diligently and took the concept of Child Advocacy and made it a reality.

**PHOTO CREDITS**

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